**On-demand support mechanism – Application Form**

1. **The title of the requested action**

1. **Type of activity**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please enter the type of the proposed activity here (e.g. development of the analysis[[1]](#footnote-1), training, seminar, conference, etc.).*

1. **INFORMATION ABOUT THE APPLICANT**

|  |
| --- |
| **1. Contact information** |
| **Name of the institution/PA body and Unit nominated to implement the proposed event** *(insert below):* |
|  |
| **Address** *(insert below)* | **Postal code** *(insert below)* | **City** *(insert below)* | **ReSPA Member** *(insert below)* |
|  |  |  |  |
| **Tel.** *(insert below)* | **Fax** *(insert below)* | **E-mail** *(insert below)* | **Website** *(insert below)* |
|  |  |  |  |
| **Contact person***(Insert name and surname)* | **E-mail** *(insert below if different from above)* | **Tel./Mobile***(insert below)* |
|  |  |  |
| **2. About the institution** *(insert below a brief description of the implementing institution/PA body and its field of work)* |
|  |

**4. INFORMATION ABOUT THE NEEDED SUPPORT**

**4.1 Description of specific need(s) of the ReSPA Member**

* *State clearly the specific situation in the ReSPA Member and provide a thorough justification of the problem(s) to be addressed;*
* *Describe clearly the type of the event the assistance (i.e. requested expertise) pertains to, present the proposed methodology for delivery of the required expertise and explain why you believe that this is the best way to address the particular problem;*
* *Refer briefly to relevant priorities and strategic documents at the national level and describe how the event relates to such priorities/documents;*
* *Refer briefly to relevant segments of the action document for the implementation of PAR Strategy, or to relevant conclusion from PAR Special Group meeting related to the initiative, EC annual report findings, screening report findings, SIGMA assessments, etc.;*

**4.2 Relevance to ReSPA Programme of Work**

* *Describe and justify the relevance of the required assistance to the ReSPA Strategy 2019-2024 (revised in July 2022), ReSPA Programme of Work and its outcomes;*
* *Refer to recommendations from ReSPA study or analytical paper (if any);*
* *Explain the sustainability of the activity briefly, including its potential for replication at the national level (both local and central) and at the regional level (Western Balkans context).*

**4.3 Expected result(s)**

* *Describe the expected result(s) of the event (the best-case scenario).*
	1. **Possible Risks and mitigation measures**
* *Clarify if there is any potential risk for overlap with similar (past, present or planned) activities. In case it is a continuation of some previous programmes/initiatives, please specify who funded (e.g. IPA national fund, etc.) the activity and in which time frame it has been implemented;*
* *In case the possibility for overlapping is identified, which measures have been taken to avoid that situation (e.g. reached an agreement with related stakeholders, the situation has been clarified with the EC Delegation, etc.).*
	1. **The expertise**
* *Use the table below to provide a detailed description of expected tasks and deliverables (of the required expertise/Expert) for each day of the proposed engagement. Expand the number of days in accordance with the needs:*

|  |
| --- |
|  |
| **Expert Day** | **Tasks** | **Deliverables/outputs** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **…** |  |  |
| **…** |  |  |
| **Last[[2]](#footnote-2)** |  | Final report |

* *Use the table below to recommend up to three (3) Experts who you deem have competencies to deliver the required assistance (i.e. to deliver presented tasks and deliverables)[[3]](#footnote-3);*
* *Provide a description of the* ***Required education profile:***
* *The level of skills, capacities and expertise (of a required Expert) for carrying out the proposed event including the minimum required*
	+ ***general*** *(subject area/s – e.g 10 years of working experience in Public Administration Reform) and*
	+ ***specific*** *(particular topic in subject area/ subject topic – e.g. Minimum 5 years of experience in implementation of Quality Management instruments in Public Administration institutions) experience (number of years).*
* *Attach CVs of the proposed Experts, making sure that CVs contain Experts' contact information;*
* *ReSPA acknoledge the aplication form as procurment of services and reserves the right to award the contract to the best selected candidate in accordance with the enacted procurement rules and regulations.*

|  |  |  |
| --- | --- | --- |
|  | **Name and Surname** | **Field of Expertise** |
| **1.** |  |  |
| **2.** |  |  |
| **3.** |  |  |

**4.6 Indicative budget of the Action (in Euro)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Description** | **Unit** | **No. of Units** | **Unit value** | **Cost** |
| 1 | Expert for seminar, workshop, conference, training, policy paper, etc. | Expert fee | *To be filled by the applicant* | *To be filled by ReSPA* | *To be filled by ReSPA* |
| 2 | Other costs (to be specified by the applicants. Such as: rent of a conference room, production of visibility materials related to the action, etc.) | *To be filled by the applicant* | *To be filled by the applicant* | *To be filled by ReSPA* | *To be filled by ReSPA* |
|  | **TOTAL** |  |

*(any additional information on the budget of the action and specific budget lines can be explained here)*

**4.7 Duration (dates) of the activity[[4]](#footnote-4)**

The duration of the engagement will be ……… <*insert number of days* >.

**4.8 Other responsibilities and requirements**

*Each applicant assumes the responsibility to provide facilities and/or necessary logistics for organizing the envisaged event.*

*Describe the responsibilities that will be assumed by the applicant in order to enable and facilitate implementation of the requested assistance (e.g. provision of facilities and other necessary logistics).*

**5. DATE AND CONFIRMATION**

I confirm that the information contained in this Application Form is correct to the best of my knowledge.

|  |  |
| --- | --- |
| Place and date: | Member of the Governing Board of ReSPAName / Position / Signature |
|  |  |

1. Guidelines, methodology, study, policy recommendation, etc. [↑](#footnote-ref-1)
2. ReSPA can allocate one additional day to the total number of the requested man days in order to allow the Expert to consolidate the pre-approved evaluation form(s) and report on the outcomes. [↑](#footnote-ref-2)
3. The applicant can recommend and/or propose at least three (3) Experts for delivery of the requested assistance. The ReSPA Secretariat, however, will select the expert(s) in accordance with its institutional procedures. [↑](#footnote-ref-3)
4. Please take into consideration all relevant factors that may affect the implementation timeline when planning duration of the activity (i.e. duration of the required assistance). [↑](#footnote-ref-4)